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**PROMOTING CHANGES IN ATTITUDES AND
UNDERSTANDING OF CONFLICT RESOLUTION AMONG
CHILD WITNESSES OF FAMILY VIOLENCE**

by

Peter Jaffe
London Family Court Clinic

and

Susan Wilson and David A. Wolfe
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*Good for
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PROMOTING CHANGES IN ATTITUDES AND UNDERSTANDING OF CONFLICT RESOLUTION AMONG CHILD WITNESSES OF FAMILY VIOLENCE

Family violence has emerged as one of the major social problems in the 1980's. Both the federal and provincial governments of Canada have identified that at least one in ten wives are physically abused by their husbands every year (e.g., Standing Committee on Health, Welfare and Social Affairs, 1982). Moreover, the Surgeon General of the U.S. reported a five-fold increase in homicides related to family violence since 1950, and stressed the need for extensive public awareness and prevention (Koop, 1983).

The recognition of wife battering as a major social and criminal problem in North American society has led to several innovations in human service policy and program development. Police forces across Canada have been trained to be more sensitive in their response to family crises, and to utilize the criminal justice system when they have reasonable and probable grounds to believe an assault has taken place (Jaffe, Finlay and Wolfe, 1984). These procedural changes, in turn, have led to significant decreases in recidivism of family violence and disturbance calls. For example, a shift in policy requiring police to lay criminal charges in cases of wife abuse led to a dramatic increase in police-laid charges in London, Ontario (2500%). Most importantly, a significant reduction in victim-reported violence and an increase in satisfaction with police service was associated with the increase in criminal charges during follow-up (Jaffe, Wolfe, Telford and Austin, in press).

The increasing number of shelters for battered women has been paralleled by the emergence of specialized services such as support and advocacy services for victims (Boyd, 1985), and group counselling programs for men who batter (Browning, 1985). Furthermore, existing mental health and social services have had to refocus their intervention strategies in order to identify and treat symptoms related to family violence (Herman, 1986).

Despite progress in research and program development with battered women (Walker, 1979) and their violent husbands (Ganley and Harris, 1981), little attention has been directed toward children who witness this behavior. These children are often the unintended victims of family violence who may suffer both transitory and prolonged adjustment disorders (Rosenbaum and O'Leary, 1981).

There are several sources of data that suggest children exposed to violence between their parents are "at risk" in terms of their immediate and long-term adjustment. Retrospective accounts of men who batter their wives indicate that the vast majority have witnessed similar behavior on the part of their father in their family of origin (e.g., Herman, 1986; Rosenbaum and O'Leary, 1981). Based upon a nationwide study, Straus, Gelles and Steinmetz (1980) estimated that sons who witness their father's violence engage in wife abuse in later adulthood 10 times more often than boys of non-violent parents. Studies of the impact of separation and divorce upon children are an additional important source of information about child adjustment following parental conflict. One could hypothesize that the child's adjustment problems could be due to parental separation or loss, rather than family violence. The findings generally agree that there is a higher incidence of divorced children seen at child behavior clinics for a wide range of emotional and behavioral problems (Atkeson, Forehand and Rickard, 1982). However, this

research has shown that factors such as parental effectiveness and family support can mediate the child's post-divorce transition, and therefore deserve careful consideration for developing prevention programs for this population (Atkeson et al., 1982; Hetherington, Cox and Cox, 1979; Rutter, 1971; Wallerstein and Kelly, 1979). Furthermore, a very meaningful finding that has emerged from this literature suggests that the level of marital conflict and disharmony witnessed by the child is a critical factor predicting the child's behavioral adjustment following parental separation (Emery, 1982). Parental separation or loss, per se, is viewed as less of an issue than the child's exposure to severe conflict (Rutter, 1971).

In conjunction with the above reports, concerns about parental conflict and child adjustment have led to recent studies that have focused specifically upon children from violent families. These investigations have indicated that exposure to marital violence is strongly related to externalizing (e.g., aggressive, delinquent) and internalizing (e.g., withdrawn, anxious) child behavior problems in comparison to children from non-violent families, especially for boys (Hughes and Barad, 1983; Porter and O'Leary, 1980; Rosenbaum and O'Leary, 1981). Girls, on the other hand, have been reported as displaying fewer adjustment problems overall, which often were described as mild to moderate internalizing problems. In addition to displaying increased behavior problems, children of battered women were significantly below their peers in areas reflecting social competence, such as school performance, organized sports and activities, and social involvement (Wolfe, Zak, Wilson and Jaffe, 1986).

In a recent study by our research group, both boys and girls from violent homes had significantly more behavior problems than children from a comparable control group, although at this stage of development (i.e., latency-aged children) girls exhibited fewer behavior problems overall than boys (Jaffe, Wolfe, Wilson and Zak, 1986a). Boys from violent homes were found to show not only externalizing but also internalizing behavior problems that exceeded a normative sample by a factor of four. Many of the boys' problems related to inappropriate social interactions, such as peer aggressiveness, destructiveness, mood changes, and disobedience. The seriousness of some of these children's difficulties is apparent from the similarities of symptoms to children who have been abused by their parents (Jaffe, Wolfe, Wilson and Slusarzck, 1986b; Wolfe and Mosk, 1983).

Our research team has recently completed a three-year study of children (ages 4-16) residing in shelters for battered women that looked at two major issues: the extent and type of problems exhibited by these children who had recently left violent families, and the degree of association between the child's problems and his/her family dysfunction (i.e., moves, frequency and duration of family violence, maternal adjustment). The results indicated that children of battered women were rated as displaying significantly more behavior problems and less social competence than the comparison group. Moreover, among the sample of 102 children from violent families, 34% of the boys and 20% of the girls fell within the clinical range of behavior problems, based upon maternal ratings on the Child Behavior Profile (Achenbach and Edelbrock, 1983). Regression analyses confirmed that family violence is closely associated with other significant factors, such as maternal adjustment and family disadvantage, that most likely contribute to the behavior problems identified among children exposed to wife battering (Wolfe, Jaffe, Wilson and Zak, 1985).

In light of these findings, we concluded that disturbances in social and behavioral development among children from abusive families may be partially a function of the fallout from family discord and disadvantage, of which physical violence is one frequent concomitant (Standing Senate Committee on Health, Welfare, and Science, 1980; Wolfe and Mosk, 1983). Clearly, children in shelters for battered women are at an increased risk of adjustment problems due to their family circumstances, and therefore early intervention and prevention strategies that are responsive to both current and future circumstances are highly warranted. In commenting on children from violent families, one author concluded that "intervention with the child may, in essence, constitute the best form of primary prevention of adult domestic violence" (Carlson, 1984, p. 160).

Developing an Intervention Strategy for Children From Violent Families

The growing awareness of how exposure to wife battering may affect children has not been matched by the development of specialized programs for these children. A survey of Canadian shelters for battered women revealed that only a small minority had any specialized staff or programs available for the children who accompany their mothers to these centers (National Clearinghouse on Family Violence, 1984). Most of the centers have recognized the children's needs but indicated a lack of secure funding, space, or support of other community agencies to develop these programs.

Children of battered women are at risk for a number of behavioral and emotional disorders, yet they receive disproportionately few mental health services (Rosenbaum and O'Leary, 1981). This failure to provide appropriate assistance for victims of family violence may be due to our poor understanding of a child's adaptational process following stressful life events, especially those events that involve other close family members. Adjustment problems shown among traumatized children can be highly variable and/or delayed in expression, which is believed to be a partial function of the child's temperament, social supports, and acquired skills (Garmezy, 1983). Among children from violent families in particular, research studies have begun to identify a number of early indicators of maladjustment (see Wolfe, in press, for review) that increase the probability of later developmental psychopathology. Unfortunately, the common approach to assisting these children has been almost entirely limited to preventing the recurrence of violence through the removal of the child or the perpetrator. Paradoxically, actions to protect the child may unintentionally contribute to his or her maladjustment unless additional assistance is provided for the child's recovery. For example, following the discovery of wife battering the child is commonly subjected to rapid intrusions in his or her routine and circumstances that can be highly disruptive. Because family resources are often impaired, the child may be incapable of adapting to these rapid changes without carefully planned assistance.

Previous studies of children who have an increased chance of developing psychological adjustment problems have focused primarily on children of psychiatrically impaired parents (e.g., Beardslee, Bemporad, Keller and Klerman, 1983) and children of divorce (Hetherington et al., 1979; Wallerstein and Kelly, 1980). Such children are often identified on the basis of risk factors related to their parent's behavior, which poses a

challenge to efforts at defining the children's needs (Wallerstein, 1983). The study of children from violent families has been similarly plagued by a lack of clear direction for identifying and assisting children at-risk, because parental behavior is typically the major concern.

In recognition of the current state of knowledge, the following discussion centers on early intervention procedures that hold promise for promoting the child's recovery following family disruption, with a particular emphasis on methods that are sensitive to the child's developmental level and needs. It is argued that early intervention should focus on children's attitudes about aggression and family behavior as well as skills for resolving interpersonal problems. It is postulated that children who receive educational and supportive assistance in adjusting to the aftermath of family violence will show positive signs of adjustment over time. Preliminary data supporting these procedures are presented.

Although major references (e.g., Strauss et al., 1980) and governmental reports (Federal, Provincial, Territorial Report on Wife Battering, 1984) in this field end with a plea for prevention efforts, there are few programs for children from abusive families. General suggestions have been offered for eliminating the underlying causes of family violence (Straus, 1983) or providing family violence prevention courses in all school systems (Standing Committee, 1982); however, the vast majority of programs have focused on the adults rather than the children. For example, treatment programs for spouse abuse have ignored the child's considerable needs for current support and problem-solving assistance, which often increase dramatically once the violence has been discovered and community agencies are involved with the family (Alessi and Hearn, 1984).

In designing intervention strategies for children who are victims of family violence, one takes into consideration a developmental perspective of cognitive and behavioral factors that are related to the etiology of family violence, as well as those factors that may be important in helping children recover from the turmoil. A strategy that builds on these factors, in the context of a child's individual response to witnessing violence, should have the greatest probability of success from both a theoretical framework and from empirical findings regarding the teaching of coping skills to clinical child populations (Rutter, 1983).

The first direction for intervention is derived from family violence researchers who have defined a battered woman's syndrome (Walker, 1979), including a description of a typical batterer (e.g., Ganley and Harris, 1981), a clinical profile of children in these families (e.g., Hughes and Barad, 1983), and a conceptualization of the family system that maintains this violence (Straus et al., 1980). From these references, the lessons that children are likely to learn from violent parents (to the extent that they identify with their parents and model this behavior) can be formulated: 1) violence is an appropriate form of conflict resolution; 2) violence has a place within the family interaction; 3) if violence is reported to others in the community, including mental health and criminal justice professionals, there are few, if any, consequences; 4) sexism, as defined by an inequality of power, decision-making, and roles within a family is to be encouraged; 5) violence is an appropriate means of stress management; and 6) victims of violence are

to tolerate this behavior at best, and to examine their responsibility in bringing on the violence, at worst. After exposure to these events, children of violent parents may learn to be assailants or victims. Moreover, the child's learned patterns of social behavior can be observed in his or her inappropriate social skill development as well as attitudes that promote family conflict (Carlson, 1984).

The second direction for developing an intervention strategy profits from research focusing on children's coping or adaptation engendered by stressful life events. There is evidence that what constitutes a stressful life event for children is different than that for adults, and the adaptational process is influenced by such factors as the child's age and sex, coping style, and the responsiveness of environmental factors such as social support or family organization (Felner, 1984; Rutter, 1983). Recent empirical evidence from studies of children undergoing stressful life experiences (e.g., divorce, medical procedures, and family crises) indicate that the immediate stress associated with the crisis or trauma may be less significant than changes and stressors in the child's social environment associated with the event (Felner, 1984). For example, recent studies have shown that the reestablishment of stable, predictable patterns of family functioning and routine may greatly enhance a child's adaptation to parental divorce (Hetherington et al., 1979) or serious illness (Koocher and O'Malley, 1981). Therefore, it is argued that the child's competencies and resources assume a central role in determining the adaptive outcome achieved, rather than the type of stress per se. The perspective derived from this research emphasizes the child's active problem-solving that leads to the reorganization and modification of important stress mediators, such as social supports, daily routines, interactions with parents, and peer activity (Felner, 1984).

Methods for acquiring the active skills needed for mastering the changes and tasks that accompany stressful events have begun to receive greater attention in recent years. Rather than focusing upon specific target behaviors or internal psychodynamics, what has emerged as a promising strategy is an emphasis upon adaptive thinking processes, or interpersonal problem-solving, that can be taught to children. This strategy defines several training components, such as perspective-taking, modeling, reinforcement, behavior rehearsal, etc., that have generally been successful with non-clinical samples (Urbain and Kendall, 1980). Teaching problem solving skills to children has indicated that they can learn to identify problem situations and generate alternative responses with a careful consideration of the consequences of their behavior (Shure and Spivak, 1976). At present, however, the utility of this approach for improving problem solving skills in children from abusive families has not been demonstrated or attempted. This approach seems to be well-suited as a preventative strategy for children who are experiencing stressful life circumstances, in contrast to a unidimensional treatment method for serious childhood disturbances (Urbain and Kendall, 1980). Due to its emphasis upon interpersonal situations, attitude change, perspective-taking, and behavior rehearsal of specific tasks, a problem-solving approach that is geared specifically to the recovery needs of children exposed to family violence appears to be highly feasible.

Promoting Children's Recovery from Family Violence: A Pilot Study

To explore these hypotheses regarding the effectiveness of early intervention with children from violent families, we first defined several objectives and methods to stimulate children's expression of their feelings and experiences with others. The following topics for group counselling sessions were developed, which reflect the major concerns discussed in the literature regarding children's recovery from family trauma: (1) identifying feelings; (2) dealing with one's own anger; (3) prevention of child abuse and acquiring basic safety skills; (4) identifying/using social supports; (5) social competence and self-concept; (6) dealing with feelings of responsibility for violence in the family; (7) coping with wishes about the family and dealing with repeated separations or uncertainty about future plans; and (8) exploring sexual stereotypes and myths about men and women.

Group counselling sessions aimed at these topics were held over a ten-week period (lasting 1 1/2 hours each week). Eighteen boys and girls (ranging in age from 8 to 13 years) were assigned to two groups of 9 children each (8-10 year/olds and 11-13 year/olds). All of the children had recently been residents of shelters for battered women and were known to have witnessed extensive violence between their parents. Children were referred to the program by community agencies, counselors, and shelter staff, and each child was seen for an individual interview for one hour. This structured interview was used to gather information about the child's attitudes, awareness of conflict resolution strategies, interests, and motivation for participating in the group⁽¹⁾. An identical post-group interview was conducted by one of the therapists to obtain an indication of the effectiveness of the intervention during this pilot phase of program development.

Group therapists were both experienced in dealing with child witnesses to wife battering (a male therapist who was a second-year MSW student on placement with a family therapy center, and a female co-leader who was a child care worker in a shelter for battered women). The therapists approached each session with general objectives relating to the topical areas described above, and stimulated the children to express their feelings and share their experiences with one another. At each session, children were encouraged to discuss their attitudes about the topic in question (e.g., dealing with feelings of responsibility for the violence), and to seek alternative perspectives on viewing this issue through mutual discussion and problem-solving. Specific examples were employed in order to facilitate the younger children's comprehension of the topic and its alternative solutions.

We evaluated the initial impact of this early intervention group for children by interviewing the children and their mothers separately (rather than administering questionnaires that have not been tested for this purpose). Overall, the mothers felt quite positive about their children's attendance at the group sessions. The majority of the mothers perceived that their children enjoyed the group (93%) and that they learned something from their attendance (62%). Although only one-third of the mothers felt that the group had led to any significant behavior change in their child, this was not surprising given the purpose of the group (attitude change and skill enhancement) and the gradual behavior change that would be expected to result from this approach over time.

A brief discussion of the children's responses to the structured interview before and after the intervention sheds some light on the areas where they initially had a weaker understanding, as well as the utility of this group approach for affecting attitude change. Regarding practical skills, more children could identify appropriate strategies for handling emergency situations (such as calling 911 or contacting a neighbor or relative) than before the group sessions (73% at post-test versus 44% at pre-test could identify three or more appropriate reactions to emergency situations). In terms of individual attitude change and self-perceptions, 85% of the children could identify two or more positive things about themselves (compared to 53% at pre-test). Most notably, the group counselling was associated with a decrease in the extent of violence that the child condones in his/her family. That is to say, before the counselling a sizeable proportion of children (25%) felt that it was appropriate for a man to strike a woman if the house was messy, for a woman to hit a man if he drank alcohol (55%), or for parents to hit their children if they do not do as they are told (95%). Following the program, very few of the children condoned marital violence (none of the children condoned a man hitting a woman, yet 14% condoned violence if the man stayed out late and was drinking). Not surprisingly, over half (53%) of the respondents still condoned corporal punishment by their parents for general rule breaking and non-compliance.

This pilot study represents only a starting point in addressing the impact of intervening with children exposed to wife battering. The next stage would involve the utilization of appropriate comparison groups for children receiving this counselling, such as a waiting-list or randomly assigned control group. Future research would also need to involve a larger number of children in order to evaluate the differential impact of group counselling on boys and girls, as well as children with various extremes of adjustment problems. We anticipate that the group process described herein, which is educational in nature and preventative in its orientation, will demonstrate to be most effective and appropriate for children who display subtle, pre-morbid signs of adjustment problems, such as predominant attitude of acceptance of interpersonal violence and/or coercion. Children who manifest more exaggerated symptomatology would require an intervention approach aimed at more long-term therapeutic planning for the particular difficulties they are experiencing. For all children, moreover, it would be important to evaluate the impact of their parents being involved in an appropriate group or individual treatment for the problems related to being a batterer or a victim of marital violence. This is especially critical in that the benefits of preventative group counselling for children who are exposed to family violence may be quite limited unless the child's parents are committed to terminating the violence and rectifying the family instability and associated turmoil.

To expand our knowledge of ways to prevent future violence in the family, studies could address the extent to which children who are not exposed to marital violence would condone this behavior in their family. Such children most likely have ideas and attitudes regarding interpersonal conflict resolution that are relevant for assisting their peers, and provide a better understanding of the developmental process involved in learning and accepting such behavior in the family. In a similar vein, it is important that teachers, police officers, counsellors, and other professionals who come into contact with children are also aware of the behavior problems exhibited by such children (e.g., Wolfe et al.,

1985), because most children from violent families never go to shelters and therefore cannot be reached for prevention services. In order to assist this hidden population, programs developed for shelters could be extended to Boards of Education and other community agencies on a preventative basis. We plan to continue exploring these ideas in future investigations.

FOOTNOTES

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(1) A copy of the pre- and post-test structured interview are available from the first author, along with a more detailed description of intervention goals and procedures.

REFERENCES

- Achenbach, T. and Edelbrock, C.S. (1983). Manual for the Child Behavior Checklist and Child Behavior Profile. Burlington, VT: Univ. of Vermont.
- Alessi, J.J. and Hearn, K. (1984). Group treatment of children in shelters for battered women. In A.R. Roberts (Ed.). Battered Women and Their Families (pp. 49-61). New York: Springer.
- Atkeson, B.M., Forehand, R.L. and Rickard, K.M. (1982). The effects of divorce on children. In B.B. Lahey and A.E. Kandin (Eds.). Advances in Clinical Child Psychology, Vol. 5 (pp. 255-281). New York: Plenum.
- Beardslee, W.R., Bernporad, J., Keller, M.S. and Klerman, G.L. (1983). Children of parents with major affective disorder: A review. American Journal of Psychiatry, 140, 825-832.
- Boyd, M. (1985). London Battered Women's Advocacy Clinic: Final report. Ottawa: Health and Welfare Canada.
- Browning, J. (1984). Canadian programs for men who batter their wives. Ottawa: Health and Welfare Canada.
- Carlson, B.E. (1984). Children's observations of interparental violence. In A.R. Roberts (Ed.). Battered Women and Their Families (pp. 147-167). New York: Springer.
- Emery, R. (1982). Interparental conflict and the children of discord and divorce. Psychological Bulletin, 92, 310-330.
- Federal/Provincial/Territorial Report on Wife Battering (1984, May). Meeting of Ministers Responsible for the Status of Women, Niagara-On-The-Lake, Ontario.
- Felner, R.D. (1984). Vulnerability in childhood: A preventive framework for understanding children's efforts to cope with life stress and transitions. In M.C. Roberts and L. Peterson (Eds.). Prevention of Problems in Childhood: Psychological Research and Applications (pp. 133-169). New York: John Wiley and Sons.
- Ganley, A.L. and Harris L. (1981). Domestic Violence: Issues in Designing and Implementing Programs for Male Batterers. Paper presented at the annual meeting of the American Psychological Association, Montreal.
- Garmezy, N. (1983). Stressors of childhood. In N. Garmezy and M. Rutter (Eds.). Stress, Coping and Development in Children (pp. 43-84). New York: McGraw-Hill.
- Herman, J.L. (1986). Histories of violence in an outpatient population: An exploratory study. American Journal of Orthopsychiatry, 56, 137-141.

- Hetherington, E.M., Cox, M. and Cox R. (1979). Play and social interaction in children following divorce. Journal of Social Issues, 35, 26-49.
- Hughes, H.M. and Barad, S.J. (1983). Psychological functioning of children in a battered women's shelter: A preliminary investigation. American Journal of Orthopsychiatry, 53, 525-531.
- Jaffe, P., Finlay, J. and Wolfe, D.A. (1984). Evaluating the impact of a specialized civilian family crisis unit within a police force on the resolution of family conflicts. Journal of Preventive Psychiatry, 2, 63-73.
- Jaffe, P., Wolfe, D.A., Telford, A. and Austin, G. (in press). The impact of police charges in incidents of wife abuse. Journal of Family Violence.
- Jaffe, P., Wolfe, D., Wilson, S. and Zak, L. (1986a). Family violence and child adjustment: A comparative analysis of girls' and boys' behavioral symptoms. American Journal of Psychiatry, 143, 74-77.
- Jaffe, P., Wolfe, D., Wilson, S. and Sluscarzck, M. (1986b). Similarities in behavioral and social maladjustment among child victims and witnesses to family violence. American Journal of Orthopsychiatry, 56, 142-146.
- Koocher, G.P. and O'Malley, J.E. (1981). The Damocles Syndrome: Psychosocial Consequences of Surviving Childhood Cancer. New York: McGraw-Hill.
- Koop, S. (1983, January). The Toll of Family Violence. Paper presented at a meeting of the Ontario Ministry of Health, Toronto.
- National Clearinghouse on Family Violence (1981, July). A Survey of Canadian Shelters for Battered Women. Paper presented at the second Conference for Family Violence Researchers (1984), Durham, NH.
- Porter, B. and O'Leary, K. (1980). Marital discord and child behavior problems. Journal of Abnormal Child Psychology, 80, 287-295.
- Rosenbaum, A. and O'Leary, K.D. (1981). Children: The unintended victims of marital violence. American Journal of Orthopsychiatry, 51, 692-699.
- Rutter, M. (1971). Parent-child separation: Psychological effects on the children. Journal of Child Psychology and Psychiatry, 12, 233-260.
- Rutter, M. (1983). Stress, coping and development: Some issues and some questions. In N. Garnezy and M. Rutter (Eds.). Stress, Coping and Development in Children (pp. 1-41). New York: McGraw-Hill.

- Shure, M.B. and Spivak, G. (1976). Means-ends thinking, adjustment and social class among elementary school-aged children. Journal of Consulting and Clinical Psychology, 38, 348-353.
- Standing Committee on Health, Welfare and Social Affairs (1982). Report on Violence in the Family: Wife Battering. Ottawa: House of Commons.
- Standing Senate Committee on Health, Welfare & Science (1980). Child at Risk. Hull: Quebec: Minister of Supply and Services Canada.
- Straus, M.A. (1983). Violence in the family. In H. Kadish (Ed.). Encyclopedia of Crime and Justice. New York: Free Press.
- Straus, M.A., Gelles, R.J. and Steinmetz, S.K. (1980). Behind Closed Doors: Violence in the American Family. Garden City, N.Y.: Anchor.
- Urbain, E.S. and Kendall, P.C. (1980). Review of social-cognitive problem-solving interventions with children. Psychological Bulletin, 88, 109-143.
- Walker, L. (1979). The Battered Woman. New York: Harper & Row.
- Wallerstein, J.S. (1983). Children of divorce: Stress and developmental tasks. In N. Garnezy and M. Rutter (Eds.). Stress, Coping and Development in Children (pp. 265-302). New York: McGraw-Hill.
- Wallerstein, J.S. and Kelly, J.B. (1980). Surviving the Breakup: How Children Cope with Divorce. New York: Basic Books.
- Wolfe, D.A. (in press). Child abuse and neglect. In E.J. Mash and L.G. Terdal (Eds.). Behavioral Assessment of Childhood Disorders (Second Ed.). New York: Guilford.
- Wolfe, D., Jaffe, P., Wilson, S. and Zak, L. (1985). Children of battered women: The relation of child behavior to family violence and maternal stress. Journal of Consulting and Clinical Psychology, 53, 657-665.
- Wolfe, D.A. and Mosk, M.D. (1983). Behavioral comparisons of children from abusive and distressed families. Journal of Consulting and Clinical Psychology, 51, 702-708.
- Wolfe, D.A., Zak, L., Wilson, S. and Jaffe, P. (1986). Child witnesses to violence between parents: Critical issues in behavioral and social adjustment. Journal of Abnormal Child Psychology, 14, 15-21.

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